

**NORTH DAKOTA WORKFORCE DEVELOPMENT COUNCIL –
STATE COMMISSION ON NATIONAL AND COMMUNITY
SERVICE**

AmeriCorps Site Visit Monitoring Guide

**North Dakota Department of Commerce
Workforce Development Division
1600 East Century Avenue, Suite 2
P.O. Box 2057
Bismarck, North Dakota 58502-2057**

**Phone: 701-328-7266
Facsimile: 701-328-5320**

**North Dakota Workforce Development Council – State Commission on National and Community Service
AmeriCorps*State Formula Site Visit Monitoring Guide
Instructions**

NO BOX SHOULD BE LEFT EMPTY, PLEASE NOTE THE FOLLOWING:

Mark with a:

Y	=	Accurate
No	=	Non-Compliant
N/A	=	Not applicable to the program
XX	=	Questions/items not reviewed. Make note to file to explain and plans to follow up.

1. PRE SITE VISIT ISSUE DETECTION AND PREPARATION:

	WHAT TO LOOK FOR	SOURCE DOCUMENTS	EXPECTED RESOLUTION	TIMELINE FOR RESOLUTION
MEMBER ENROLLMENT & ATTRITION				
# of members granted	Number of slots granted	eGrants	n/a	n/a
# currently enrolled (active)	Number of members currently active	Member roster from WBRS (printed no earlier than 10 days prior to visit and no later than day of visit)	n/a	n/a
# enrolled since start of program (total members)	Number of members active and those who have been exited from program.	Member roster from WBRS (printed no earlier than 10 days prior to visit and no later than day of visit)	n/a	n/a
# left for cause (w/o award)	Number of members exited without an award	Member roster from WBRS (printed no earlier than 10 days prior to visit and no later than day of visit)	n/a	n/a

WBRS Enrollment rate: (# enrolled since start / number granted:	North Dakota expects enrollment rates to be at least 90%. (Adjust calculations to reflect unique program design issues. i. e., if program has a group of members who by design are not expected to start their service until later (e.g. summer members).	Member roster from WBRS (printed no earlier than 10 days prior to visit and no later than day of visit)	Written response form program detailing factors for high attrition rate and strategies to address these factors.	Program response is due 30 business days from the North Dakota State Commission report issue date.
WBBS Attrition rate: (# exited no award/# enrolled since start of program)	North Dakota expects attrition rates to be less than 30%	Member roster from WBRS (printed no earlier than 10 days prior to visit and no later than day of visit)	Written response form program detailing factors for high attrition rate and strategies to address these factors.	Program response is due 30 business days from the North Dakota State Commission report issue date.
Does program submit accurate member forms via WBRS in a timely manner? (enrollment forms, change of status/end of term within 30 days)	<p>Determine timeliness percentage for each form. North Dakota expects 100% of forms to be submitted on time:</p> <p>Use the following formula for analysis:</p> <p>Enrollment Forms: # of Enrollment forms submitted on time / total # members enrolled.</p> <p>End of Term Form: # Of End of Term forms submitted on time / # of members exited from program.</p> <p>Change of Status Form: # of Change of Status forms submitted on time / # of member(s) whose status has changed.</p>	<p>The following identifies the figures needed and where/how to obtain the figures:</p> <ol style="list-style-type: none"> 1. # Enrollment forms submitted on time – Use WBRS approval cycle. 2. Total members enrolled – WBRS Member Roster 3. # of End of Term forms submitted on time – Cross reference WBRS Member Roster Exit Dates with individual Member Information Profile Exit Form Approval Dates (date form was approved by program) 4. Total # of members exited from program – WBRS Member Roster. 5. # of Members whose status has changed – 	Written response form program detailing factors for high attrition rate and strategies to address these factors.	Program response is due 30 business days from the North Dakota State Commission report issue date.

		<p>WBRS has no way of searching/sorting this information; rely on program staff reporting figures.</p> <p>6. Change of Status forms submitted on time – use program self-reporting figure and cross reference with Individual Member Information Profile Change of Status Form Approval dates (date form was approved by program).</p>		
PROGRESS REPORTS				
Does the program submit progress reports when then are due?	<p>Determine timeliness percentage. North Dakota expects 100% of reports to be submitted on time:</p> <p>Use the following formula for analysis:</p> <p># of reports submitted on time for specified period / # of reports due for specified period.</p>	<p>Use the appropriate documents that apply to the specified period determined below.</p> <ol style="list-style-type: none"> 1. PR Due dates as noted in North Dakota Provisions. 2. Approved PR in WBRS (note: may need to open actual report to reflect history of approvals). 3. All applicable PR intake logs (date in log should correspond with original “Approval” date in WBRS). <p>To determine specified period to be covered – Is date of the most recent programmatic site visit within 12</p>	Written response form program detailing factors for high attrition rate and strategies to address these factors.	<ol style="list-style-type: none"> 1. All subsequent forms must be submitted on time effective immediately 2. Program response is due 30 business days from the North Dakota State Commission report issue date.

		<p>months?</p> <p>If yes – then period covers date of last site visit to present. (e. g. preparing for site visit and programs last visit was within 12 months. The period to review will be from last site visit to present)</p> <p>If no – then the period covers the contract start date for most recent completed program year to present. (e.g. Preparing for a site visit and programs last visit was over a year ago. The period you will review is the start or the original grant or last site visit period to present.</p>		
Does program producer accurate progress reports that adequately capture the program’s accomplishments?	At a minimum program must provide sufficient information for Program Officer to conduct a content analysis. *See Program Review Feedback procedure for details.	2 most recent Program Review feedback reports	Include comments in Site Visit report that notified grantee of need to improve Progress Report.	
If applicable, does program respond to written feedback in timely manner?	Program must provide feedback according to timeframe sent by Program Officer. +	<p>2 most recent Program Review feedback reports (use to determine if grantee response was expected)</p> <p>Program contract – Response should be filed under correspondence TAB</p>	Include comments in Site Visit report that notified grantee of need to improve Progress Report	
FINANCIAL STATUS REPORTS (FSRs)				
Does program submit FSRs on time?	Determine timeliness percentage. North Dakota expects 100% of	Use the appropriate documents that apply to the specified period determined below:	Written responses from the program detailing factors for not meeting submission timeframes	All subsequent for ms must be submitted on time effective immediately.

	<p>the reports to be submitted on time. Use the following formula for analysis: # of reports submitted on time for specified period/ # of reports due for specified period.</p>	<ol style="list-style-type: none"> 1. FSR Due dates as noted in North Dakota Provision. 2. Approved FSR in WBRs (note: may need to open actual report to reflect history of approvals). 3. All applicable FSR intake logs. (Date in log should correspond with original "Approval" date in WBRs). <p>To determine specified period to be covered – Is date of the most recent programmatic site visit within 12 months? If yes – then period covers date of last site visit to present. (e. g. preparing for site visit and programs last visit was within 12 months. The period to review will be from last site visit to present)</p> <p>If no – then the period covers the contract start date for most recent completed program year to present. (e.g. Preparing for a site visit and programs last visit was over a year ago. The period you will review is the start or the original grant or last site visit period to present)</p>	<p>and strategies to address these factors.</p>	<p>Program response is due 30 business days from date North Dakota State Commission report is released.</p>
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Does program show on FSRs that program is meeting match requirements?	<ol style="list-style-type: none"> 1. Member Support Category – Match must be met quarterly. 2. Operations Cost Category – Match must be met by the end of the year. 3. Program must meet their grant approval match levels established in approved budget. 4. 	Match Log	See Match Policy for Details.	
Does the program show on FSRs and PERs that funds spent are commensurate with program progress?	Follow the PER checklist procedures and conduct analysis	<ol style="list-style-type: none"> 1. PER Checklist 2. PO Budget Checker 3. WBRS Member Roster 4. Approved Budget 	Note in Site Visit Report. Share PER checklist with grantee and notify them to review the PERs prior to submission to State Commission.	
Does program submit PERs no less than a quarterly basis?	PERs should be submitted at least quarterly.	PER Log	Remind grantee of need for regular submission of PERs.	
Does program produce accurate and other wise acceptable PERs?	Have any of the 3 most recent PERs required grantee to resubmit due to errors?	Past PER checklist	<p>Notify grantee of status of past 3 PERs and need for accuracy.</p> <p>Share PER Checklist with grantee and encourage them to use checklist prior to submitting future PERs.</p>	N/a
Is number of members paid stipends equivalent to number of members serving? (compare WBRS and most recent PER)	Follow PER checklist procedures to conduct your analysis.	<ol style="list-style-type: none"> 1. PER Checklist 2. PO Budget Checker 3. WBRS Member Roster 4. Approved Budget 	Note in the Site Visit Report. Share PER checklist with grantee and notify them to review the PERs prior to submission to State Commission.	
OTHER:				
Does program submit to an A-133 audit annually?		A-133 Log		

Does program cooperate with the North Dakota State Commission and CNS evaluation efforts?		Program Officer knowledge of existing CNS and North Dakota State Commission evaluations and program participation.		
Does program obtain written approval of changes from the North Dakota State Commission Program Officer when required?		<ol style="list-style-type: none"> 1. Slot Conversion Form 2. BLAR 3. Other written request for changes 4. Program Office knowledge of program 		
Does program respond in a timely manner to inquiries from North Dakota State Commission or CNS?		<ol style="list-style-type: none"> 1. E-mail/letters 2. Postings to ListServe 3. Program Officer knowledge of program 		
Does program keep commission informed of any changes in program staff?		<ol style="list-style-type: none"> 1. Contact Information Form 2. PR 3. Program Officer Knowledge of program. 		
PREVIOUS FINDINGS				
Date of previous programmatic site visit: Date:	Establish dates so that the proper report to access can be identified.	Most recent risk assessment – dates should be noted:	N/A	N/a
Date of last financial site visit: Date:	Establish dates so that the proper report to access can be identified.	Most recent risk assessment – dates should be noted:	N/A	N/a
What findings or issues were identified during the last sit visit(s)?	Be specific about past findings. Verify that thee issues are not only resolved but that the issues do not continue to be an area of challenge for the program.	Relevant Reports both programmatic and fiscal reports.	<p>Refer to report for specifics.</p> <p>Verify that these matters are not current challenges that the program is having.</p>	<ol style="list-style-type: none"> 1. If findings are unresolved from past site visit work with the program to rectify. 2. If findings from past site visits continue in this current program year develop a

				performance improvement and corrective action plan and work with providing TA.
Have these findings or issues been corrected?				

North Dakota State Commission Identified Challenges: Based on contact with the program and a review of the most recent North Dakota State Commission Financial Audit, Site Visit Feedback and Grant Review Recommendations and Feed back.	
Major Challenges Faced by the Program	Challenges Resolved Yes or No

Training and Technical Assistance: Based on contact with the program and T/TA requests:	
List formal individualized T/TA provided by PDAT in past 12 months?	Program Identified Challenges Resolved: Yes or NO

II. Member Documentation in Files

	WHAT TO LOOK FOR	SOURCE DOCUMENTS	EXPECTED RESOLUTION	TIMELIN3 FOR RESOLUTION
Member Application:				
Current application on File?	Self Explanatory	Member Application	Cite program for missing documents and remind them in report for need for documentation.	Written response from program on strategies they can implement to ensure accurate files.
Documentation of Citizenship, Naturalization, Resident Alien Status:				
Does file have primary documentation of status as a US Citizen, US National, or lawful permanent resident? (I-9 is not enough – Birth Certificates, passport, proper INS form: refer to list in WBRS. If the answer to above is “no” has the program obtained written approval from North Dakota State Commission that other documentation is sufficient to demonstrate the individual’s status as US Citizen, US National, or lawful permanent resident?	Eligible documents to verify residency.	Must have one of the following in the file: <ul style="list-style-type: none"> ◆ Birth Certificate ◆ Pass Port ◆ INS forms ◆ Other 	<ul style="list-style-type: none"> ◆ Program must provide proper documentation ◆ Failure to provide proper documentation will result in North Dakota inquiry of questioned costs. ◆ Notify program that proper documentation must be on file prior to member earning hours and/or living allowance. 	Documents must be provided to North Dakota State Commission within 30 days of Site Visit.
Proof of Age:				
Is there a copy of a birth certificate or government ID that documents member birth date?	Verify that member is 17 or older when they start the program. If member is 16, program must be a grant approved youth corps. (refer to approved grant)	Government issued identification or birth certificate.	If member is under 17 (and program is not an approved youth corps) then program will undergo an inquiry of questioned costs.	Inquiry will begin immediately. Refer to questioned cost procedure for details.

Educational Attainment:				
Does the file contain levels of educational attainment and date of diploma or GED? (Decision pending form CNS on whether actual diploma is required or if self-certification is sufficient)				
If the member has not earned a diploma or high school equivalency, has the member signed a statement affirming that he/she has not dropped out of secondary school to enroll as an AmeriCorps participant?				
If the member has not earned a diploma or high school equivalency, has the member agreed in writing to obtain a high school diploma or equivalency before using the education award?				
If the member has not earned a diploma or high school equivalency, is there documentation to show that the program has helped the member earn the equivalent of a high school diploma?				
If the answer to all of the above is "no", is there documentation from an independent evaluator attesting that the member is not capable of earning a diploma/GED?				
Parental Consent:				
Has program obtained written proof of parental consent for members under age 18?	Verify that underage members have parental consent.	Written parental consent form. Member contract signed by parent.	Proof of parental consent.	Program response is due 30 business days from date North Dakota report is released.
Criminal Background Checks:				
If applicable, has program conducted criminal background				

checks?				
Member Enrollment Form:				
Is it signed and dated by both the member and the certifying official?	Self Explanatory	Certifying Official Form Hard copy of member enrollment form.	Missing Member Signature – notify program and have them submit copy once member signs form. If member is not available, the program should make note to the file. Mission Certifying Official Signature – have program sign on the spot.	
Is the Certifying official signature concurrent with or after the members?	Self Explanatory	Hardcopy of member enrollment form.		
Is start date on form consistent with start date in WBRs?	Self Explanatory	Hardcopy of member enrollment form. WBRs Member Roster		
Is start date on form consistent with member contract?	Self Explanatory	Hardcopy of member enrollment form. WBRs Member Roster. Member Contract.		
Is term of service consistent with WBRs and member Contract?	Self Explanatory	Hardcopy of member enrollment form. WBRs Member Roster. Member Contract.		
Member Contract:				
Is contract signed and dated by the member?				
Is contract signed and dated by the program?				
Is start date consistent with WBRs?				
Is member term of service consistent with WBRs?				
Time Sheets:				

Are time sheets signed by both the member and the site supervisor?	Every timesheet should be signed by both parties.	Review every time sheet from member start date to present.		
Are time sheets up to date?	<p>Is there a timesheet for every week/month that the member has been active? This includes weeks where member did not earn any hours (excluding periods where members were formally suspended). E. g. Member has been active for 8 weeks. However during the 2nd week she did not earn any hours by was NOT suspended during this time. There must be a timesheet that reflects each of the 8 weeks.</p> <p>North Dakota up-to-date definition: Most recent timesheet on file is at least within one complete timesheet period.</p>	Review every time sheet from member start date to present		
Do the timesheets segregate and track separately hours of service vs. hours for training/ indirect service?				
Are the activities for which time is claimed allowable?	<p>Are there listed activities that are prohibited according to provisions?</p> <p>Does timesheet provide a description of activities to support how hours were earned? Rule of thumb is when in doubt about activity must assume that time is unallowable. Programs must insure that activities are well detailed.</p>	<p>Signed timesheets</p> <p>Provisions</p> <p>Approved Grant</p>		

Are the members activities primarily activities that are in the approved objectives?	Does bulk of hours correspond with grant approved activities? Members should spend their time working on approved activities.	Signed Timesheets Approved Grant Member Interview.		
Do the timesheets track hours of service per week?	Since WBRS tracks member hours on a weekly basis, program should have a system set up to total hours by the week,			
Do timesheets show location of service activities and project assignments? If not, is this information contained someplace else? If so where?				
Do the hours from timesheets add up to the number of hours claimed on WBRS? (a sample of timesheets per member is sufficient)	Random Sample pool is sufficient Verify that paper timesheet corresponds with hours documented in WBRS.	From list of members whose files are checked, pick 1 month for each of the members. Program should provide you with a copy of the member timesheet. Please note in the site visit tool which month you are verifying. Vary the months looked at among the members. Relevant timesheet in WBRS.	If there is a discrepancy, program must provide an explanation and make the necessary corrections.	Written explanation and proof of correction is due 30 business days from date of North Dakota Report being sent.
Documentation of Health Care Enrollment.				
What health care policy does program use? (If not Allianza or NASCCC policy, does it meet the requirements listed in Grant Provisions)/				
Does the program have documentation of health care eligibility? ♦ All full-time members (except				

<p>Promise Fellows and ED Award Program members) are eligible for health benefits. (Part-time members serving in a FT capacity may be eligible for health benefits with approval from the North Dakota State Commission.</p> <ul style="list-style-type: none"> ◆ Written documentation that member not otherwise covered by health care policy at the time of enrollment into the AmeriCorps program. ◆ Written documentation that the member loss coverage during their term of service as a result of participating in the program, or through no deliberate act of their own. 				
If eligible, does program have proof that member is enrolled in health care benefits?				
If eligible member is not enrolled, does program have a waiver signed by the member?				
Documentation of Child Care Eligibility:				
If member is utilizing childcare benefit, does program have eligibility documentation? (refer to grant provisions for eligibility				

requirements)				
Loan Forbearance:				
If applicable, is loan forbearance request form on file?				
Publicity Release Form:				
Does program obtain written consent to use member name/photo?				
Mid-Term Performance Evaluation:				
Does evaluation provide an update on completion of hours?				
Does evaluation discuss if member has satisfactorily completed assignments?				
Does evaluation address is member has met other performance criteria?				
Does the supervisor sign the evaluation?				
End of Term Performance Evaluation:				
If applicable, has program completed evaluations?				
Change of Status Form:				
Has member been suspended or reinstated? If so, is there an approved change of status from in the file that reflects this?				
Has member's term of service changed? (i.e. converted from PT to FT) If so, is there an approved change of status form in the file that reflects this?				
Was the conversion made within the first three months of the member's term? If not, is there evidence of grantee and State Commission approval?				
Is change of status date on form				

consistent with WBRs>				
Member End of Term/Exit Form:				
Is it signed and dated by both the member and the certifying official? (original signatures) If not signed by member is justification provided?				
Is the certifying official signature concurrent with or after the members?				
Is end date on the form consistent with WBRs?				
Was the member's term in compliance with the program requirements explained in the Grant Provisions? (This can be ascertained by looking at the enrollment and exit dates and comparing the number of months served to the type of service term. If the member was suspended that should be taken into consideration)				
Documentation for Compelling Personal Circumstances:				
If the member receives a pro-rated ed-award is there documentation of compelling personal circumstances that falls within the parameters identified in the AmeriCorps Provisions?				
** If the files sampled do not contain a member who left for a compelling personal circumstance, request tow samples of such documentation.				

III. General Administration of Member Files:

<i>Does the program have accurate documentation showing:</i>	Yes	No	Notes:	Provisions:
Reasonable Accommodation:				
♦ Does the program have a written reasonable accommodation policy?				
♦ Is there evidence that policy has been shared with members?				
♦ Is there documentation of reasonable accommodation requests? If yes, is there documentation of "action taken" for the request?				
♦ Is the reasonable accommodation request/action taken kept separate in the member medical file?				
Training Documentation:				
♦ Does program have documentation of time and dates of training?				
♦ Do both the member and supervisor sign this?				
Access to Files:				
♦ Do general membership files have limited access?				
♦ Are medical files kept separate from general member files? (i.e. reasonable accommodation requests, health certificates, physical exams, etc.)				
♦ Are Medical Files locked?				
Other Information:				
♦ Written program recommended hours/week of member's service.				
♦ Does program file incident reports with North Dakota State Commission				
♦ Provide Members with necessary information on program, Ed awards, etc. (may be in contract and part of post-service training)?				

IV. Administration of Member Allowances and Benefits:

Does the program have accurate documentation showing:	Yes	No	Notes	Provisions:
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(a) Match contributions?			
(b) FICA coverage of members?			
© FMLA coverage for members?			
(d) Health coverage for current eligible members?			
(e) Child care coverage for current eligible members?			
(f) Distribute living allowance evenly and appropriately (not hourly, or based on number of hours served.			
(g) Unemployment Insurance coverage for members?			
(h) Workforce Safety Insurance coverage for members?			

V. Policies and Procedures:

Does the program have accurate documentation showing:	Yes	No	Notes:	Provisions:
AFFILIATION WITH NETWORK:				
Does the grantee identify the program as an AmeriCorps program (e. g)? Wear service gear, display AmeriCorps logo at host sites, participates in AmeriCorps events)?				
Does grantee identify members as AmeriCorps members?				
Does program use AmeriCorps name and logo on service gear and public materials?				
Has the grantee altered the logo? If so, was written permission from the North Dakota State Commission obtained?				
Member Training:				
Does program provide Members with necessary information on program; Ed Awards, etc (may be in contract and part of post-service training)?				
Does program provide Member training that meets CNS requirements?				
Does program track and remain within 20% cap on training?				
Member Support and Supervision:				
Does program support Members in getting GED and in post-service educational transition?				
Does program encourage, but not require, Members to vote (in contract)?				
Does program all Members to serve on a jury with no penalty (in contract)?				
Does program institute necessary safety precautions for Members?				
Does program report serious injuries to the North Dakota State Commission Program Officer?				
Does program provide members with adequate supervision?				
Does program prohibit members from supervising other members?				
Does program apply service releases and resumption policies appropriately?				

DRUG FREE WORKPLACE ACT:				
Des Program Comply By:				
♦ Posting a statement notifying employees about the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited and specifying the consequences of violations:				
♦ Establishing a drug free awareness program to inform about the dangers of drug abuse in the workplace; the grantees policy; any available employee assistance programs; and the penalties of drug abuse violations?				
♦ Providing each employee involved in the performance of the grant a copy of the statement outlined in the first bulleted item.				
♦ Notifying employees that they must abide with the terms of statement and notify the employer within 5 days of any criminal drug statute conviction occurring in the workplace.				
♦ Notifying the North Dakota State Commission and CNS within 10 days after receiving notification of any criminal drug statute conviction occurring in the workplace.				
♦ Taking appropriate personnel action against the employee, up to and including termination; OR requiring the employee to participate in an approved drug abuse assistance program within 30 days.				
Non-Discrimination:				
♦ Does grantee notify stakeholders that program operates its program subject to the nondiscrimination requirements of the applicable statutes?				
♦ Have a written policy on non-discrimination?				
♦ Note appropriate point of contact if filing a complaint?				
Supplementation, Non-Duplication and Non-Displacement				
♦ Does program ensure that funds are not used to duplicate services? HOW?				
♦ Does program ensure that they do not displace an employee or position? HOW?				
♦ Does grantee not select members who are currently employed by the grantee or who were employed by the grantee in the previous six months? If not, does program have a waiver from the Corporation?				
Performance Measurement:				
♦ Does the grantee track progress toward achievement of their program objectives?				

♦ Does program conduct primarily activities that are in the approved objectives?				
♦ Does program have evidence that evaluation plan is being carried out?				
♦ Does grantee cooperate with the Corporation, North Dakota State Commission and its evaluations in all monitoring and evaluation efforts?				
Host Sites:				
Does program have a signed and dated memo of understanding between the parent organization and service sites?				
Does program keep Commission informed of any changes in subcontractors and/or host sites?				
Does program have a protocol for monitoring service sites (schedule, tool, completed tools, copy of feedback, etc.)?				
Does program ensure that subcontractors follow AmeriCorps and other federal policies?				
Other:				
Does program have proof of liability insurance that properly covers organization, staff and members?				
Does program have a copy of the North Dakota State Commission contract with attachments?				
Does program have a copy of the provisions?				
Does program have a copy of the grant?				
Does program have a copy of the approved budget?				
Does program a copy of the North Dakota State Commission Fiscal Manual?				

NORTH DAKOTA STATE COMMISSION ON NATIONAL AND COMMUNITY SERVICE
AmeriCorps Site Visit Monitoring Tool

DATE	
LEGAL APPLICANT	
PROGRAM NAME	
PROGRAM YEAR	
POINT OF CONTACT FOR SITE VISIT	
NAME OF MONITOR(S)	
SITES VISITED	

OVERVIEW OF SITE VISIT
I. Pre-Site Visit Issue Detection and Preparation
II. Member Documentation in Files
III. General Administration of Member Files
IV. Administration of Member Allowances and Benefits
V. Policies and Procedures

VI. Program Effectiveness – Stakeholder Interview
VII. Exit Interview Summary

I. Pre-Site Visit Issue Detection and Preparation:

1. Based on a review of WBRS: Member Enrollment and Attrition:

of members granted: _____

Currently Enrolled (Active) _____

Enrolled Since Program Start (Total) _____

WBRS Enrollment Rate: _____
(# enrolled since start /# Granted)

WBRS Attrition Rate: _____
(# exited no award/# enrolled since program start)

2. Based on review of recent reports and review of WBRS: Member Forms:

Member Forms:	Yes	No	Notes
Does the program submit accurate member forms via WBRS in a timely manner? (enrollment forms, change of status, end of term within 30 days)			
Progress Reports:			
Does the Program submit monthly, quarterly, semi annually and annual progress reports when due?			
Does the program produce accurate progress reports that adequately capture the program's accomplishments?			
Does the program respond to written feedback and corrective action requests in a timely manner?			

Financial Status Reports:			
Does the program submit FSRs on time?			
Does the Program show on the FSRs that the program is meeting match requirements?			
Does the Program show on the FSRs and PERs that funds spent are commensurate with the program progress?			
Periodic Expense Reports (PERs)			
Does the Program submit PERs no less than a quarterly basis?			
Does the Program produce accurate and otherwise acceptable PERs?			
Is number of members paid stipends equivalent to number of members serving? (Compare WBRS and most recent PER)			
Other			
Does Program submit to an A-133 audit annually (if required) and provide the State Commission with a copy?			
Does the Program cooperate with the State Commission and CNCS in evaluation efforts?			
Does the program obtain written approval of changes from the State Commission when required?			
Does the Program respond in a timely manner to inquiries from the State Commission and CNCS?			
Is the Program set up on the web based recruitment system?			

2. Previous Finding(s): Based on past programmatic and fiscal site visit reports:

Date of Previous Programmatic Visit:	Date of last financial Visit:
What findings or issues were identified?	Have these findings or issues been corrected? Yes? No

3. State Commission Challenges: Based on contact with the program and review of State Commission Financial, Audit and Site Visit Feedback and Grant Review Recommendations:

Major Challenges Faced by Program:	Challenges Resolved: Yes? No

4. Training and Technical Assistance: Based on contact with the program and T/TA requests:

List Formal Individualized Training/Technical Assistance Provided by PDAT in the past 12 months.	Program Identified Challenges Resolved: Yes/No

II. Member Documentation in Files:

Number of Member Files Reviewed: _____ (a minimum of 10% or 5 should be reviewed, whichever is greater)

Member Application							
Current Application on File?							
Documentation of Citizenship, Naturalization, Resident Alien Status:							
Does the file have primary documentation of status as a US citizen, US National, or lawful permanent resident? (Birth Certificate, Passport, Proper INS form: Refer to WBRS>							
If the answer is no, has the program obtained written approval from the State Commission that other documentation is sufficient to demonstrate the individuals status as a US Citizen, US National, or lawful permanent resident?							
Proof of Age:							
Is there a copy of a birth certificate or government ID that documents member birth date?							
Educational Attainment:							
Does the file contain level of education attainment and date of diploma or GED?							
If the member has not earned a diploma oor GED, has the member signed a statement affirming that he has not dropped out of secondary school to enroll in an AmeriCorps project?							
If the member has not earned a high school diploma or GED, has the							

member agreed in writing to obtain a high school diploma or equivalency before using the education award?							
If the member has not earned a diploma or GED, is there documentation to show that the program has helped the member earn the GED or high school diploma?							
If the answer to all of the above is NO, is there documentation from an independent evaluator attesting that the member is not capable of earning a diploma or GED?							
Parental Consent:							
Has the program obtained written proof of parental consent for members under age 18?							
Criminal Background Checks:							
If applicable, has the program conducted criminal background checks? (needed for member working with children and/or vulnerable populations?)							
Member Enrollment Form:							
Is the Member Enrollment form signed and dated by both the member and certifying official?							
Is the certifying official signature concurrent with or after the members?							
Is the start date on the form consistent with the start date on WBRs?							
Is the start date on the form consistent with the member contract?							
Is term of service consistent with WBRs and member contract?							
Member Contract:							
Is contract signed and dated by the member?							
Is contract signed and dated by the program?							
Is start date consistent with WBRs?							
Is member term of service consistent with WBRs?							
Time Sheets:							
Are time sheets signed by both the member and site supervisor?							
Are they up-to-date?							

Do the time sheets segregate/track separately hours for services vs. hours for training/indirect service?							
Are the activities for which time is claimed allowable?							
Are the members activities primarily activities that are in the approved objectives?							
Do the timesheets track hours of service per week?							
Do timesheets show the location of service activities and project assignments? (If not, is this information contained someplace else?) If so, where?							
Do the hours from timesheets add up to the number of hours claimed on WBRs? (a sample of time sheets per member is sufficient)							
Documentation of Health Care Enrollment							
What health care policy does the program use? Alliance NASCCC Other: Does it meet the requirements listed in the Grant Provisions?							
Does the program have documentation of Health Care Eligibility? <ul style="list-style-type: none"> ◆ All full-time members (except Promise Fellows and ED Award Program members) are eligible for health benefits. ◆ Written documentation that member not otherwise covered by health care policy at the time of enrollment into the AmeriCorps Program. ◆ Written documentation that member loss coverage during their term of service as a result of participating in the program, or through deliberated act on their own. 							
If eligible, does the program have proof that the member is enrolled in health care benefits?							
If eligible member is not enrolled, does program have a waiver signed by the member?							

Documentation of Child Care Eligibility							
If member is utilizing childcare benefit, does program have eligibility documentation? (refer to grant provisions)							
Loan Forbearance							
If applicable, is loan forbearance request form on file?							
Publicity Release Form							
Does the program obtain written consent to use member name/photo?							
Mid Term Performance Evaluation							
Does evaluation provide an update on completion of hours?							
Does evaluation discuss if member has satisfactorily completed assignments?							
Does evaluation address if member has met other performance criteria?							
Does supervisor sign the evaluation?							
End of Term Performance Evaluation							
If applicable, has program completed evaluation?							
Change of Status Form							
Has member been suspended or reinstated? If so, is there an approved change of status form in the file that reflects this?							
Has member's term of service changed? (i.e., converted from PT to FT). If so, is there an approved change of status form in the file that reflects this?							
Was the conversion made within the first three months of the member's term?							
If not, is there evidence of grantee State Commission Approval?							
Is the change of status date on form consistent with WBRs?							
Member End of Term/Exit Form							
Is it signed and dated by both the member and certifying official? (original signatures). If not signed by member is justification provided?							

Is the certifying official signature concurrent with or after the members?							
Is the end date on the form consistent with WBRS?							
Was the member's term in compliance with the program requirements explained in the Grant Provisions? (this can be determined by looking at the enrollment and exit dates and comparing the number of months served to the type of service term. If the member was suspended that should also be taken into consideration.							
Documentation for Compelling Personal Circumstances							
If the member received a pro-rated ed-award is there documentation of compelling personal circumstances that falls within the parameters identified in the AmeriCorps Provisions? (if the files sampled do not contain a member who left for a compelling personal circumstance, request two additional files of members who left for a compelling personal circumstance)							
Reasonable Accommodation							
Does the program have a written reasonable accommodation policy?							
Is there evidence that policy has been shared with members?							
Is there documentation of reasonable accommodation requests?							
If yes, is there documentation of action taken for the request?							
Is the reasonable accommodation request/action taken kept separate In the member medical file?							
Training Documentation							
Does program have documentation of time and dates of training?							
Do both the member and supervisor sign the form?							
Access to Files:							
Do general member files have limited access?							
Are medical files kept separately from general member files? (i.e. reasonable accommodation requests, health certificates, physical exams, etc.)							
Do medical files have limited access?							
Are medical files locked?							

Other Information							
Written program recommended hours/week of members service?							
Does program file incident reports with the State Commission?							
Provide members with necessary information on programs, Ed awards (may be in contract and part of post-service training).							

IV Administration of Member Allowance and Benefits

Does the program have accurate documentation showing:	Yes	No	Notes:
Match Contributions?			
FICA coverage for members?			
Worker Safety Insurance coverage for members?			
UI coverage for members?			
Health Coverage for current eligible members?			
Childcare coverage for current eligible members?			
Notification of child care and health care providers in writing when a member's status changes?			
Distribute living allowance evenly and appropriately (not hourly, or based on number of hours served).			

V. Policies and Procedures

Does the program have accurate documentation showing:	Yes	No	Notes:
Does the grantee identify the program as an AmeriCorps program (e.g. Wear service gear, display AmeriCorps logo on host sites, participates in AmeriCorps events)			
Does grantee identify members as AmeriCorps members?			
Does program use the AmeriCorps name and logo on service gear and public materials?			
Has the grantee altered the logo? Is so, was written permission from the State Commission obtained?			
Member Training			
Does program provide Members with necessary information on			

programs, Ed awards, etc. (may be in contract and part of post-service training)?			
Does program provide Member training that meets CNCS requirements?			
Does program track and remain within 20% cap on training?			
Member Support Supervision			
Does program support Members in getting GED and in post-service educational transition?			
Does Program encourage, but not require, Members to vote (in contract)?			
Does Program allow Members to serve on a jury with no penalty (in contract)?			
Does Program Institute necessary safety precautions for Members?			
Does Program report serious injuries to the State Commission Program Office and Workers Safety Insurance Timely?			
Does Program provide members with adequate supervision?			
Does Program prohibit members from supervising other members?			
Does Program apply service releases and resumption policies appropriately?			
Drug Free Workplace Act: Does program comply by:			
Posting a statement notifying employees about the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited and specifying the consequences of violations?			
Providing each employee involved in the performance of the grant a copy statement outlined in the first item.			
Notifying employees that they must abide with the terms of statement and notify the employer within 5 days of any criminal			

drug statute conviction occurring in the workplace.			
Notifying the State Commission within 10days after receiving notification of any drug statute conviction occurring in the workplace.			
Taking appropriate personnel action against employees, up to and including termination, or requiring the employee to participate in an approved drug abuse assistance program within 30 days.			
Non Discrimination			
Does the grantee notify stakeholders that the program operates its program subject to the nondiscrimination requirements of the applicable statutes?			
Supplementation, non-duplication and non-displacement			
Does the program ensure that funds are not used to duplicate services?			
How:			
Does the program ensure that they do not displace an employee or a position?			
How? (i.e., has program consulted local labor organizations)			
Does the grantee not select members who are currently employed by the grantee or who was employed by the grantee in the previous six months? If not, does the program have a waiver from the Corporation.			
Performance Measure Evaluation			
Does the grantee track progress toward achievement of their program objectives?			
Does program conduct primary activities that are in the approved objectives?			

Does the program have evidence that evaluation plan is being carried out?			
Does the grantee cooperate with the Corporation, State Commission and its evaluators in all monitoring and evaluation efforts?			
Program Staff			
Does program maintain time and attendance records for all staff?			
Does the grantee assure that staff member's time/expenses for organized fundraising activities are not charged to the Corporation or Grantee Share?			
Does the grantee assure that staff member's time/expense for non-AmeriCorps program activities are not charged to the corporation or the grantee share?			
Does program keep commission informed of any changes in program staff?			
Host Site(s)			
Does program have signed and dated memo of understanding between the parent organization and service sites?			
Does program keep Commission informed of any changes in subcontractors and or host sites?			
Does program have a protocol for monitoring service sites (schedule, tool, feedback, follow-up, etc.)?			
Does program have written documentation to verify monitoring? (schedule, completed, tools, copy of feedback, etc).			
Does program ensure that the subcontractors follow AmeriCorps and other federal policies?			
Other			
Does program have proof of liability insurance that properly			

covers organization, staff and members?			
Does program have a copy of the State Commission contract with attachments.			
Does program have a copy of the provisions?			
Does program have a copy of the State Commission Fiscal Manual?			
Does program have a copy of the grant?			
Does program have a copy of the approved budget?			

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VI. Program Effectiveness

A. AmeriCorps Members:

How many members are being interviewed? _____

What are the names of the members interviewed? (Pass around a sign-in sheet)

Ask the AmeriCorps members to go around the room, introducing themselves, then stating what are their favorite thing about AmeriCorps, and a thing they wish was different.

1. Tell me about your service. What do you do on a daily basis?
2. Did the program provide you with an orientation to AmeriCorps, the program and your service?
3. How prepared did you feel to perform your service? What was good about your pre-service training? What didn't work?
4. Do you feel like your supervisor understands what you are doing and why? How supporting is your supervisor?
5. Does your supervisor or program director ask you to do clerical work (like filing or answering the phone)?

6. Does your supervisor or program director ask you to fill in for employees if they call in sick or leave the organization?
7. How aware do you feel the community is about your project and the service you perform?
8. Do you feel supported by the AmeriCorps program?
9. Do you feel that you are doing meaningful service that benefits the community?
10. Do you think the program offers you leadership opportunities, or opportunities to learn new skills?
11. What accomplishments are you most proud of as an AmeriCorps member?
12. Tell me about your service? Describe a typical day from start to finish.
13. What kind of contingent training are you receiving to support both your service and your professional development?
14. What kind of support, if any, do you get from your supervisor?
15. Were you given a mid-term evaluation and did you have an opportunity to provide feedback on it?
16. Are you familiar with what kind of activities is prohibited and what your supervisor should not ask you to do?
17. What kind of things do you and the program do to make the community more aware of AmeriCorps and your service? What ideas do you have to strengthen that awareness?
18. Have you participated in any National Days of service and have you had an opportunity to serve alongside other AmeriCorps programs and/or other streams of service?
19. Do you feel that you are doing a meaningful service that benefits the community?

20. Can you talk about the impact that the program and/or your year of service have had on your life, if any?

21. Is the program either currently helping you or is scheduled to help you plan for life after service?

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B. AmeriCorps Site Supervisors

Name of Supervisor(s) and site(s): _____

1. What are the AmeriCorps members doing?
2. What impact does their service have?
3. Do you feel the AmeriCorps members were adequately trained to perform the service they are doing?
4. What additional training do you provide? (if any)
5. Do you feel that you have the information you need to supervise the AmeriCorps members?
6. What difference are the AmeriCorps members making in your organization or your service recipients? How would your organization be different without them?

- 7.** Do you think the management of this program is strong? Why? How could it be improved?
- 8.** How well do you think the program documents and tracks the effects of the AmeriCorps members' service?
- 9.** Does the AmeriCorps program solicit and incorporate on-going feedback from service partners and the community?
- 10.** To what extent do you feel this program fosters the educational achievement, service, and citizenship of AmeriCorps members?
- 11.** In what other ways do you feel this program positively impacts members?
- 12.** Are you familiar with what kinds of activities are prohibited and what you should not ask your members to do? Can you please explain and provide examples.
- 13.** What training have you provided throughout the year? (if any)
- 14.** Can you talk about the specific objectives that your members are addressing and how you are tracking and evaluating them?
- 15.** Please talk about ways you work with program staff. How often do you all meet?
- 16.** How are you involved in the evaluation of the program and its re-submission as an AmeriCorps program?
- 17.** In what ways do you feel this program positively impacts members?
- 18.** Overall, can you provide both the greatest strength and improvement for the program?

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C. AmeriCorps Program Board Members or other Stakeholders (Community Partners)

Name of Board member or community partner(s): _____

1. How does the AmeriCorps program fit into the mission of your organization?
2. What benefits does the AmeriCorps program provide to your organization? (What does the AmeriCorps program allow you to do that you couldn't do before?)
3. What impact is the AmeriCorps program having in the community?
4. What impact does the program have on the members?
5. How were you involved in the development of the program service activities?
6. How is community partners involved in the implementation of the program?
7. How do you give feedback to the program?
8. What do you like the best about participation in the AmeriCorps Program?
9. What role do you play in the development and evaluation of the programs activities?
10. Overall, can you provide both the greatest area of strength and improvement for the program?

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VII. Exit Interview Summary:

SECTION:	SUMMARY OF FINDINGS:
I. Pre Site Visit Issue Detection and Preparation	
II. Member Documentation in Files.	
III. General Administration of Member Files	
VI. Administration of Member Allowances and Benefits	
IV. Policies and Procedures:	
V. Program Effectiveness – Stakeholder Interview	

